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AN
ACCOUNT OF A CASE
OF
PARTIAL DOUBLE MONSTROSITY.

(ISCHIOPAGE SYMELIEN OF GEOFFROY SAINT-HILAIRE,
HETERADELPHIA OF VROLIK.)

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THE subject of the present monstrosity is a healthy male child, named John Baptist Dos Santos, a native of Portugal, 6 months old, and whose singular conformation the Fellows have this evening had an opportunity of personally examining. The father and mother are both healthy, of short stature, and dark complexion: no peculiarity of any kind has been observed in any of their family. The mother states she has had two other children, the eldest, a fine girl, now three years of age; the second, a boy, perfectly well formed, who died when 17 months old. She remarked nothing unusual during her pregnancy; the child was born at the full time, and the labour was an easy one. As the child presented peculiarities which her medical attendant believed to be unique, the parents determined to come to London to exhibit the infant, and I was requested to see the child, which is characterised in a printed paper as "The Human Tripod, or three-legged child, and first Bipenis ever seen or heard of."

The child is exhibited lying on its back in a little cot; is lively and good-looking, and well proportioned, both in the upper and lower extremities, the peculiarities being confined to the parts below the umbilicus; a truss is worn on account of an umbilical rupture. Below the umbilicus, and to the right and left of the mesial line, are two distinct penes, each as large as the penis of a child of six months old: their direction is normal. I may mention that water passed from both organs at the same moment, during the time that Dr. Cursham and Mr. Perry were examining the infant with me. Each penis is provided with a scrotum, the outer half of each scrotum containing one testicle, the inner half of the scrotum is far removed from the outer, and the two inner halves appear like another scrotum between the two penes. Between and behind the legs of the child, we see another limb, or rather two lower extremities united together in their whole length. The upper part of this compound limb is connected to the rami of the pubis by a short narrow stem half an inch in length, and as large as the little finger, apparently consisting of separate bones or cartilage, for, on moving the compound limb, at the same moment the finger is kept on the stem, crepitation is felt, but I could not detect any pulsation. Immediately beyond this stem, and concealing it, the compound limb assumes a size as large as the combined natural thighs of the child, and within the upper part irregular portions of bone may be felt (probably a portion of a pelvis and the heads of the thigh bones), which may be traced down, united together into one mass, to a leg of comparative small size, though still larger than either of the healthy legs, and terminated by a double foot in the position of *talipes*, with the sole turned forwards, and furnished with ten toes, the two great toes being in the centre of the others: the two outer toes on each side are webbed.—(See Plate IV. figs. 1 and 2.)

When the child is placed on its belly, the spine and back present a perfectly normal appearance; the anus is in its usual situation; the functions of the bowels are duly performed.

Viewed in this position, the compound limb assumes a roundness and fullness equal to the buttocks of a young child, and a slight depression is observed, as if for the anus. Tracing the limb downwards, we find only one patella, which is on the same aspect of the limb as the anus, the joint bends freely, and the compound extremity terminates as above described. This compound limb is quite motionless, the upper portion alone appears endowed with sensibility, its vitality seems low, as the toes have a blueish appearance; the upper portion, however, is of the same temperature as the body of the child.

Observations.

I have consulted most of the original works referred to by authors who have described this species of monstrosity, and I am unable to find exactly analogous cases. Double, or partially double, monsters, are usually united by ligamentous bands at the sternum, as witnessed in the Siamese Twins. In other instances we find two more or less perfect pelvis, the rami of which, instead of uniting at the symphysis, pass forwards and are attached to the rami of the opposing monstrosity, thus forming one large pelvis in common. In these last-named monstrosities, the external genital organs are either very imperfectly formed, or placed in their usual situation on either half of the monster; but I am unable to find any description or plate of two penes on one body, as in the case before the Society. The Fellows, I think, will agree with me in believing that this instance of double penis does not depend upon a division of one organ; the distance at which they are placed one from the other, the existence of two canals, by which urine passed at the same moment, renders this little probable. I did not like to press the parents to allow me to pass catheters, on account of the tender age of the child, and I am, therefore, unable to say if two bladders exist, or if the two canals communicate.

In reference to the compound limb, science possesses several instances, which may be found referred to by authors who

have treated of monsters ; I need not therefore, dwell upon the subject further than to remind the Fellows that this form of monstrosity has given rise to the fabulous stories of mermaids, and the webbed toes have given some further countenance to a supposed resemblance of this compound limb to the tail of a fish.

The only other point to which I wish to call the attention of the Society, is the question of removal of this compound limb. In cases bearing the nearest resemblance to the present one, death has followed so soon after birth, that an operation has not been necessary ; in the cases of double monsters like the Siamese Twins, it has not been thought advisable to operate, as the surgeon would have probably divided the peritonæum, which formed a common sac to both monsters ; but in the present case, every circumstance is in favour of an operation. The health of the child proves the existence at least of one entire set of healthy organs, capable of performing all their functions ; the medium of communication is narrow, and contains probably no important part ; but what especially demands the attention of the parents, is the low vitality of the limb ; with every precaution that can be taken, the toes have now a blueish appearance, and the history of partial double monstrosities shows, that any, however slight, scratch or contusion heals slowly, and generally ends, at first, in the death of the part, and subsequently of the child.

If the infant escapes this source of danger, its system is found incapable of supporting this additional limb, and the child perishes from debility. There can then, I think, be no doubt that an operation will be necessary, to give the child a chance of arriving at puberty ; and in the absence of any one counter indication, I think all will agree, the sooner this is performed the better, for the security of the child.

[*From Transactions of the Medico-Chirurgical Society, Vol. xxix.*]

EXPLANATION OF PLATE IV.

Fig. 1.—Exhibits the child lying on its back in a little cot.

The artist has been careful in delineating the two distinct penes, and the outer half of each scrotum, containing one testicle, with the rudimentary parts of another scrotum between the penes. In this position the compound limb is seen, terminated by a double foot in the position of talipes, with the sole turned forwards, and furnished with ten toes, the two great toes being in the centre of the others; the two outer toes on each side are webbed.

Fig. 2.—Represents the child placed on its belly. A depression is seen on the compound limb, as if for the anus. The patella is seen on this aspect, and we have the front view of the compound foot, terminated as above described.

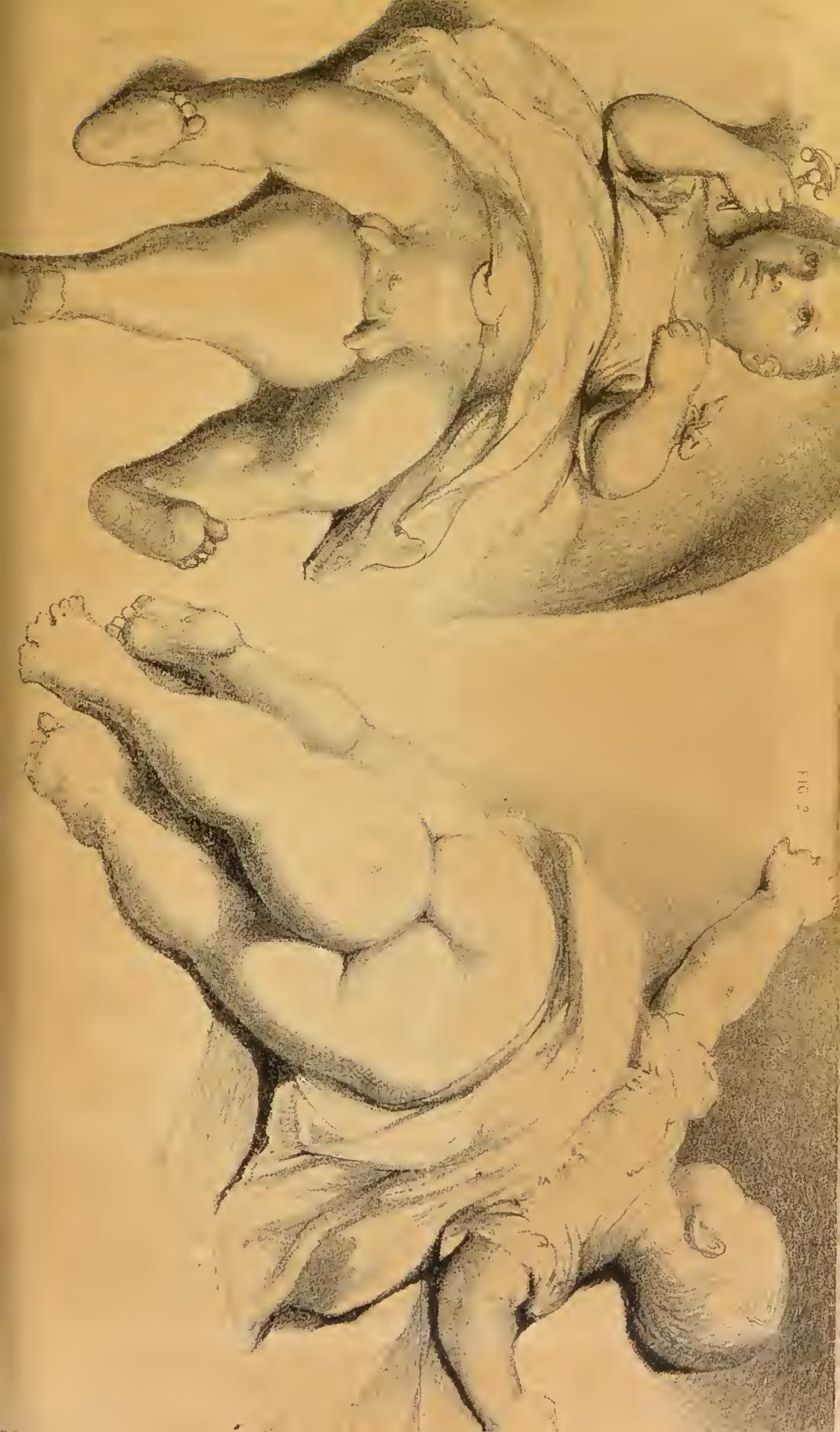


FIG. 2

